

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <u>10/657011</u>	FILING DATE							
							APPLICANT(S)								
<div style="display: flex; justify-content: space-around;"> <span>11/3/05</span> <span>7-5-05</span> </div> <div style="display: flex; justify-content: space-around;"> <span>AS FILED</span> <span>ENTERED AMENDMENT</span> <span>ENTERED AMENDMENT</span> </div>							CLAIMS								
	NO	DEP	NO	DEP	NO	DEP		11/3/05		7-5-05					
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TOTAL NO.							1		1		1				
TOTAL DEP.							4		4		4				
TOTAL CLAIMS							5		5		5				